



## Secretary of State

STATE BOARD OF REGISTRATION  
FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS  
237 Coliseum Drive Macon,  
Georgia 31217-3858  
(844) 753-7825

### **Application for Certificate of Authorization For Professional Engineering Firms**

All businesses offering Professional Engineering services in the State of Georgia through individual, registered professional engineers as agents, officers or partners, are required by O.C.G.A. 43-15-23 to file with the Board an APPLICATION FOR CERTIFICATE OF AUTHORIZATION to practice.

If your PE registration in Georgia entitles the firm or organization with which you are affiliated to offer to practice or practice professional engineering in Georgia, you must complete the enclosed application form and file it with the Board. There is no fee for this application.

If the firm or organization with which you are affiliated offers to practice both professional engineering and land surveying it will be necessary for it to obtain a separate Certificate of Authorization for BOTH practices. A combined Certificate of Authorization will not be issued.

Additional forms may be photocopied as required. Applications MUST be legible to be acceptable to the Board.

Do not submit this form if you already have a prior Certificate of Authorization for your firm. If you do have a prior Certificate of Authorization for this firm and it has lapsed, you will need to submit the Certification of Authorization Reinstatement Application.

To submit a change of name, address, branch addresses or to add/delete a PE, please submit the information on your letterhead as a letter of request to the Board. Do not resubmit this application form or a reinstatement application form.

The individual, who is in responsible charge of the professional engineering performed or offered to be performed in Georgia, must be currently licensed as a Georgia Professional Engineer and must sign the form. If the firm has branch office, each branch must have a full-time Professional Engineer and must be listed on the form.

Please indicate the FEIN (Federal Identification Number) in the appropriate blank as this number will be used for renewal purposes.

Please mail this application in to the Board office at the address above. Faxed applications will not be accepted.

#### *Fees associated with a Certificate of Authorization:*

Initial registration: No Fee  
Biennial Renewal (June 30 of even-numbered years): \$10  
Reinstatement of Lapsed Certificate: \$500

Application is hereby made for a certificate of authorization to practice or offer to practice **professional engineering** in Georgia as defined in Chapter 15 of Title 43 of the Official Code of Georgia.

Legal Name of Business:	FEIN:
DBA (If applicable):	

Physical Address of Principle Place of Business:

Street:	Suite:
City:	State: Zip:
Contact e-mail:	Telephone # ( )
<i>Mailing Address (if different than physical address):</i>	
Street or PO Box:	
City:	State: Zip:

Are engineering services being offered or performed in Georgia based out of the principle place of business?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If NO, then skip to next page regarding Branch offices.

If yes, then list below the Georgia PE who is based out of the principle place of business and will be primarily responsible for engineering services offered by this firm in Georgia.

Name:	Georgia PE #:	
<i>PE's Physical Home Address:</i> Street:	Is this PE a full time W-2 employee at this firm?	___ YES ___ NO
City: State: Zip:	How many hours a day does this PE spend in the office?	___ hrs.
	How many days a week does this PE spend in the office?	___ days
	Approximately how many miles is this PE's home from the office?	___ mi.

**Please be advised that for each office location (principle place of business and/or branch office) where professional engineering services are being offered or performed for projects in Georgia, there must be a full-time, continuing, bona fide Georgia licensed Professional Engineering working at that location and in responsible charge.**

Make copies of this page as necessary for each branch office offering engineering services in Georgia. If the firm has branch office locations, not located in Georgia and are NOT offering services in Georgia, it is not necessary to list them.

If the firm does not have branch offices, then skip this page and do not send it with the application.

Legal Name of Business as listed on previous page

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Branch Office offering engineering services in Georgia:

Street:	Suite:
City:	State: Zip:
Contact e-mail:	Telephone # ( )
<i>Mailing Address (if different than physical address):</i>	
Street or PO Box:	
City:	State: Zip:

**For this Branch office**, list below the Georgia PE who is primarily responsible for engineering services offered by this branch office in Georgia.

Name:	Georgia PE #:	
<i>PE's Physical Home Address:</i> Street:	Is this PE a full time W-2 employee at this firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
City: State: Zip:	How many hours a day does this PE spend in the office?	___ hrs.
	How many days a week does this PE spend in the office?	___ days
	Approximately how many miles is this PE's home from the office?	___ mi.

List below other Georgia Professional Engineers in the firm who are full time, continuing, bonafide and active principals, officers, partners or individuals acting on behalf of the business (use additional sheets, if necessary.)  
 Leave out of application if this page is not necessary.

Name:	Georgia PE #:	
PE's Physical Home Address: Street:	Is this PE a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this PE spend in the office?	___ hrs.
Does this PE primarily work in the principle place of business or a branch office?	How many days a week does this PE spend in the office?	___ days
If branch, which one?	Approximately how many miles is this PE's home from the office?	___ mi.

Name:	Georgia PE #:	
PE's Physical Home Address: Street:	Is this PE a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this PE spend in the office?	___ hrs.
Does this PE primarily work in the principle place of business or a branch office?	How many days a week does this PE spend in the office?	___ days
If branch, which one?	Approximately how many miles is this PE's home from the office?	___ mi.

Name:	Georgia PE #:	
PE's Physical Home Address: Street:	Is this PE a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this PE spend in the office?	___ hrs.
Does this PE primarily work in the principle place of business or a branch office?	How many days a week does this PE spend in the office?	___ days
If branch, which one?	Approximately how many miles is this PE's home from the office?	___ mi.

Name:	Georgia PE #:	
PE's Physical Home Address: Street:	Is this PE a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this PE spend in the office?	___ hrs.
Does this PE primarily work in the principle place of business or a branch office?	How many days a week does this PE spend in the office?	___ days
If branch, which one?	Approximately how many miles is this PE's home from the office?	___ mi.

Name:	Georgia PE #:	
PE's Physical Home Address: Street:	Is this PE a full time W-2 employee at this firm?	___ YES ___ NO
City: _____ State: _____ Zip: _____	How many hours a day does this PE spend in the office?	___ hrs.
Does this PE primarily work in the principle place of business or a branch office?	How many days a week does this PE spend in the office?	___ days
If branch, which one?	Approximately how many miles is this PE's home from office?	___ mi.

List below the name, residence address and title of each of the officers, board of director members, partners and/or principals for the corporation, Professional Corporation, partnership, association, or other entity making this application. For each such person list his/her current Georgia Professional Engineer registration number, if any.

Name & Address	Title	Georgia PE #, if applicable:

**APPLICANT AFFIDAVIT:**

I, (*PE Name*) \_\_\_\_\_, as a currently active Georgia professional engineer and authorized to act on behalf of (*Firm Name*) \_\_\_\_\_ hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires:



**OFFICE OF SECRETARY OF STATE**  
**PROFESSIONAL LICENSING BOARDS DIVISION**

237 Coliseum Drive  
Macon, Georgia 31217  
(844) 753-7825

**CONSENT FORM**

I hereby authorize the Board of Registration for Professional Engineers and Land Surveyors ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_ Working with mentally disabled

\_\_\_ Working with elder care

\_\_\_ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

\_\_\_\_\_  
Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]